



STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY,  
TRADE AND ECONOMIC DEVELOPMENT  
**Office of Manufactured Housing**  
PO Box 42525 Olympia WA 98504-2525  
360-725-2971 or 1-800-964-0852

## APPLICATION FOR MANUFACTURED HOME INSTALLER

- TRAINING AND CERTIFICATION
- CONTINUING EDUCATION
- CERTIFICATION RENEWAL

### 1. Purpose of Application

*Please check boxes that apply*

#### Installer Certification

- |  |       |
|--|-------|
| <input type="checkbox"/> Installer Training Class & Certification Exam       | \$200 |
| <input type="checkbox"/> Audit Installer Training Class                      | \$100 |
| <input type="checkbox"/> Audit Installer Training Class (local jurisdiction) | \$50  |
| <input type="checkbox"/> Timely Renewal                                      | \$100 |

#### Continuing Education Class (certified installers only)

- |  |       |
|--|-------|
| <input type="checkbox"/> 4-hour course (offered again in 2007) | \$40  |
| <input type="checkbox"/> 12-hour course                        | \$100 |

### 2. Applicant Information

*Please print clearly or type*

*All applicants must complete*

APPLICANT NAME (First, Middle Initial, Last)

☐ Mr.

☐ Ms.

☐ Mrs.

Mailing

Address:

Home Phone: \_\_\_\_\_

(check one)

☐ Home

☐ Business

City

State

Zip Code

Business

Name: (If applicable)

Business

Phone: \_\_\_\_\_

Applicant is ☐ owner ☐ employee of this business.

E-mail Address: \_\_\_\_\_

### 3. Certification Information

*Applicants for Certification (first time or renewal) must complete*

Are you now or have you been certified to install manufactured homes in Washington State? ☐ Yes ☐ No

If **yes**, what was the last WAINS number issued to you?

WAINS \_\_\_\_\_

If **no**, list your experience in the appropriate box. (REQUIREMENT: 6 mos. hands-on installation or 2 years residential construction)

\_\_\_\_\_ Months \_\_\_\_\_ Years

☐ Hands on installation ☐ Residential construction ☐ Both

Social Security No. \_\_\_\_\_

(Required for certification)

#### Date & Signature

*All information on this application is true and accurate to the best of my knowledge.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

### 4. Class Preference *Applications not post-marked by the cut-off date must include \$20 late application fee.*

Location \_\_\_\_\_ Dates \_\_\_\_\_

*Make checks payable to CTED and mail to:*

CTED/Office of Manufactured Housing  
PO Box 42525  
Olympia, Washington 98504-2525

#### OFFICE USE ONLY

☐ Application Accepted WAINS # \_\_\_\_\_

☐ Confirmation Sent Date: \_\_\_\_\_ ☐ Show ☐ No Show

☐ Payment Received Date: \_\_\_\_\_ From: \_\_\_\_\_

Exam Score \_\_\_\_\_ ☐ C & C sent Date: \_\_\_\_\_